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APPLICANTS

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** CONTINUING DATA *****

none KOM

** FOREIGN APPLICATIONS *****

none KOM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	WA	DRAWING 5	CLAIMS 21	CLAIMS 3
Verified and Acknowledged	<i>Klein</i> <i>KOM</i>	Initials			

ADDRESS

28159
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*ATL ULTRASOUND*TITLE
EXTERNAL ATRIAL DEFIBRILLATOR AND METHOD FOR PERSONAL TERMINATION OF ATRIAL FIBRILLATION

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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